

**California Department of Health Services
Background for May 26, 2005
Little Hoover Commission Hearing on Emergency Preparedness**

This document summarizes the California Department of Health Services' (CDHS) efforts to improve public health preparedness since the release of the Little Hoover Commission's two reports, "Be Prepared: Getting Ready for New and Uncertain Dangers" (2002) and "To Protect & Prevent: Rebuilding California's Public Health System" (2003). This document provides an update on CDHS' progress in addressing some of the Commission's findings from the two reports, an overview of the Department's overall public health and bioterrorism preparedness efforts, and responses to questions raised in the Commission's letter of invitation to testify today.

California is better prepared today than ever before to respond to bioterrorism and other public health events and CDHS appreciates the opportunity to discuss our progress with the Commission.

Leadership

In its 2003 report, the Commission recommended creating a public health department led by a physician and advised by a public health board. The Commission also recommended a stronger relationship with local health departments and the California Conference of Local Health Officers (CCLHO) and effective partnerships with other entities involved in public health issues.

As you are aware, the California Performance Review made its own recommendations to Governor Schwarzenegger concerning the reorganization of the Health and Human Services Agency and its constituent departments, including the creation of a Division of Public Health. The Administration is evaluating the implications, pro and con, of various organizational structures suggested. Pending any major reorganization, we have addressed many of the leadership and partnership issues raised by the Commission.

Governor Schwarzenegger has made public health and emergency preparedness a high priority of this Administration, as demonstrated by appointment of a State Public Health Officer. The State Public Health Officer is the State's lead public health professional and serves as a chief deputy director of CDHS.

Consistent with the Governor's priorities, CDHS has made emergency preparedness one of our highest priorities. Within the past year, the Department has established and appointed Betsey Lyman to the new position of Deputy Director of Public Health Emergency Preparedness and has loaned an experienced public health physician to serve as the program's medical officer while recruiting a full time physician. Ms. Lyman reports directly to the State Public Health Officer.

In addition, the CDHS executive administrator for CCLHO now reports directly to the State Public Health Officer.

Senior CDHS management including the Director, the State Public Health Officer, and the Deputy Director for Emergency Preparedness meet monthly with the leadership of CCLHO. In addition, CDHS' Director meets quarterly with the leadership of the County Health Executives Association of California (CHEAC) and the Deputy Director for Emergency Preparedness meets with CHEAC leadership monthly. A focal point of these meetings has been emergency preparedness and public health leadership issues. The effective collaboration between the state and local health departments in managing this year's flu vaccine shortages and the SARS outbreaks of 2003 are two examples of the state's commitment to leadership and partnership with local government leaders.

Pandemic Flu

CDHS' activities related to pandemic flu and the emerging avian flu threat provide an example of the leadership role the department plays in preparing for and responding to emerging threats.

California could be one of the first states affected by an influenza pandemic given its multiple international ports of entry and frequent international air traffic. The goals of CDHS preparedness activities are to detect the first cases of human avian influenza that enter the state and to rapidly contain any outbreak that might occur.

Surveillance for influenza is important to rapidly identify the importation of pandemic strains into California. CDHS' Viral and Rickettsial Diseases Laboratory (VRDL) serves as a statewide reference laboratory for all influenza surveillance activities and tests specimens from all over the state. This year, VRDL detected the new (non-pandemic) influenza strain that is being included in next year's vaccine. California has been implementing enhanced avian influenza surveillance since February 2004. In close collaboration with CDC, VRDL is testing for avian influenza A in patients with unexplained pneumonia who have recently traveled to an avian influenza-infected country.

CDHS is providing guidance to local health departments and clinicians on how to handle possible imported avian influenza cases from Asia, including isolation and quarantine, testing of specimens, and infection control guidelines.

Additional CDHS' flu preparedness activities include:

- In accordance with CDC guidelines, revising the State Pandemic Preparedness Plan (first developed in 2001), to incorporate additional operational detail for surveillance systems and plans to mass-distribute vaccines and antivirals.
- Forming a Joint Advisory Group on Priority Group Planning to develop policies on allocating scarce vaccine and antiviral medications. CDHS anticipates this group will complete draft policy recommendations by September 2005.

- Conducting a statewide communications exercise around a possible respiratory disease outbreak scenario (similar to what might happen in a pandemic). The exercise involved multiple local health jurisdictions posting outbreak notices at ports of entry.
- Conducting a tabletop exercise to organize a state response to importation of avian influenza and a possible pandemic.
- Conducting a statewide exercise on “just in time” training for a possible respiratory disease outbreak. This exercise will focus on training local health department personnel on the essential skills needed to identify and contain possible cases of a communicable respiratory disease (similar to what might happen in a pandemic).
- Supporting local health departments in planning and implementing mass vaccination and mass prophylaxis exercises (using federal bioterrorism preparedness funding). These skills will be critical in responding to a bioterrorism incident or in the event of a pandemic.
- Participating in the CDC Regional Pandemic Influenza Preparedness Meeting to discuss with neighboring states how to coordinate and share ideas on pandemic influenza preparedness.

Coordination and Communication with Partners

In its 2003 report, the Commission recommended that the State take the lead in improving coordination and communication between state, local, federal, and strategic partners. The Commission’s 2002 report also recommended improved communications among public agencies. CDHS has undertaken significant efforts in these areas.

CDHS is the lead state entity in responding to bioterrorism events and is responsible for planning and organizing statewide preparedness for bioterrorism and other public health events. CDHS works closely with its partners at the federal, state, and local level to build and improve California’s capacity to prepare for, detect, respond, and recover from natural hazards and bioterrorism events.

State Level Coordination and Communication

The State is responsible for coordinating response to events that cross jurisdictions and/or exceed capacity of local agencies to respond. The Office of Homeland Security (OHS) is responsible for developing and coordinating a comprehensive State strategy related to terrorism that includes prevention, preparedness, and response/recovery. OHS is preparing a high-level statewide strategy for emergency preparedness that covers all sectors, including health care, emergency medical services, and public health, and which will serve as the umbrella strategic plan for the state. The Office of Emergency Services (OES) is the lead state agency in overall

emergency response and coordination, using the Standardized Emergency Management System. OES operates the State Emergency Operations Center (EOC) to coordinate event communications and response. The California Emergency Medical Services Authority (EMSA) administers a statewide system of coordinated emergency medical care, injury prevention, and disaster medical response.

CDHS is the lead state agency for bioterrorism and other health related threats, such as West Nile Virus, food borne disease, and pandemic influenza. CDHS is responsible for coordinating statewide public health preparedness and response; providing policy direction, technical expertise and consultation; maintaining expert laboratory resources; and providing direct response when an event exceeds local capacity. We fulfill these responsibilities in collaboration with local health jurisdictions and our sister State entities such as OHS, OES, and EMSA.

Coordination of California state agencies involved in emergency preparedness occurs through the State Threat Advisory Committee (STAC), chaired by OHS. CDHS and OES are members of STAC. In addition, CDHS coordinates with OHS and other state agencies involved in emergency preparedness in a variety of ways.

- CDHS has a Public Health Emergency Response Plan and OES reviews and approves the plan and all revisions.
- CDHS' Public Health Emergency Preparedness managers meet monthly with the leadership of OHS to discuss areas of common concern.
- CDHS has a Joint Advisory Committee (JAC) to provide consultation on CDC and Health Resources and Services Administration (HRSA) grant activities. Representatives to JAC include physicians, hospitals, managed care organizations, clinics, poison control centers, consumer advocates, and others. Representatives from OES, OHS, and EMSA are members of JAC.
- CDHS is conducting a strategic planning process for public health emergency preparedness. The plan will be consistent with, but more detailed than, the public health components of the OHS plan. The CDHS plan will define statewide priorities for public health emergency preparedness, funding priorities for future HRSA and CDC grant cycles, and a strategy for coordinating state and local emergency plans. OES, OHS, and EMSA participate in this process.

Local Level Coordination and Communication

In addition to coordinating with other state agencies involved in emergency preparedness, CDHS regularly coordinates with local health departments. Local entities are the first responders to an emergency event. California's local health departments are the point of delivery of public health services and in emergencies provide response within their capability.

As noted above, senior CDHS managers meet monthly with CCLHO and CHEAC leadership to discuss public health emergency preparedness activities. In addition, CDHS works with local health departments on the following activities:

- CDHS has established on site monitoring and technical assistance programs for local health departments. Since January 1, 2005, using new regional project officer positions established in fiscal year (FY) 2004-05, CDHS has visited all local health departments to assess their current status and identify issues.
- CDHS is working with local health departments to objectively assess local emergency response capacity through a standardized assessment instrument. CDHS and local health department leadership have hired a consultant to develop an assessment instrument and, using teams of local health department and state staff, conduct on-site assessments. The assessment instrument will be based on performance measures expected to be part of the new CDC and HRSA bioterrorism cooperative agreement requirements.
- CDHS held a statewide conference in March 2005 to provide technical assistance and statewide coordination to bioterrorism coordinators in local health departments.
- CDHS has developed a risk communication tool kit for use by local health departments. The tool kit provides guidelines and instructions for communicating with the public, local government, medical providers, and other officials during emergencies. CDC has recognized the tool kit as a model for the nation.

Coordination and Communication with Non-Government Partners, Including the Public

In addition to coordination and communication with government partners at all levels, CDHS actively involves non-government partners, including the public, in its preparedness efforts.

As noted above, the CDC/HRSA Joint Advisory Committee includes many nongovernmental stakeholders such as emergency room physicians and nurses, representatives of public and private hospitals and community clinics, university professors, and the American Red Cross. These stakeholders are similarly represented on CDHS' emergency preparedness and response strategic planning committee.

An example of public education and communication efforts to help citizens protect themselves from public health threats is CDHS' "Fight the Bite" campaign to alert people on how to avoid mosquito bites, mosquito-proof their homes, and report dead birds. In addition, CDHS has collaborated with OES to implement statewide hotline

pre-recorded messages addressing anthrax, smallpox, SARS, potassium iodide, and West Nile Virus.

Resources for Public Health and Bioterrorism Preparedness

In its 2003 report, the Commission recommended that the State increase its technical, scientific, and physical capacity to address current and emerging threats and prioritize funding for critical public safety issues.

California has made significant progress in these areas and is more prepared today for a bioterrorism event or other public health threat than it has ever been. Emergency preparedness – including preparedness for acts of bioterrorism - is a top priority of the Schwarzenegger Administration. California has improved its sophisticated system for identifying and responding to outbreaks, implemented an around-the-clock emergency communications system, and conducted drills and training at the state and local level. The improvements to our emergency response system have already saved lives. Our efforts have minimized the impact of West Nile virus and SARS in California.

In addition to ongoing state and federal funding for public health activities, in recent years California's public health and bioterrorism preparedness activities have been bolstered by two federal grants totaling \$100 million in the current year.

- CDC provides cooperative agreement funding for public health preparedness and response.
- HRSA provides cooperative agreement funding for hospital, clinic, emergency medical systems (EMS), and poison control center preparedness and response.

In addition, Los Angeles County receives bioterrorism preparedness funding directly from CDC and HRSA.

The CDC and HRSA grants have enabled California to make significant improvements in capacity and readiness at the state and local levels.

CDC Grant Activities

The purpose of the CDC funds is to upgrade state and local public health jurisdictions' preparedness for and response to bioterrorism, other outbreaks of infectious disease, and other public health threats and emergencies. The CDC grant funds preparedness activities by State and local health departments.

California currently receives \$59.2 million in its CDC grant, of which 70 percent is allocated to local health departments. Each local health jurisdiction receives a base amount of \$100,000 plus an amount equal to its proportional share of the California population. Los Angeles receives \$27.1 million directly from CDC for these purposes.

CDC requires states to address specific focus areas. Exhibit A describes the seven CDC focus areas and indicates the percentage of funding spent on each.

At the State level, the CDC grant supports numerous preparedness activities including planning for activation of the Strategic National Stockpile for the rapid deployment of vaccines, antibiotics, and medical supplies to severely impacted areas; constructing a new emergency operations center with all the functionality required by CDC, including backup power and primary and backup communication systems, expected to be complete 90 days after enactment of the FY 2005-06 budget; implementing a statewide web-based disease reporting system, expected to be on-line in August 2005; and planning with the federal government and local health departments on environmental monitoring systems, such as Biowatch and Bio-Detection System.

The Commission's 2003 report cited a need for secure, real-time communications. The California Health Alert Network (CAHAN), funded by the CDC grant, allows CDHS to immediately alert 3,500 licensed users, 3 California state agencies, and Nevada of bioterrorism events. CAHAN operates via a secure website and enables sharing of information, plans, and responder personnel.

CDC has commended CDHS for the progress it has made since CDC made its last site visit in May 2004, specifically for hiring staff to fill key positions, including oversight of local health departments; assuring appropriate fiscal controls are in place; taking steps to improve its public health Emergency Operations Center (EOC); and enhancing its 24/7 response and notification system. Exhibit C is a letter from Alison B. Johnson, Director of the CDC's Division of State and Local Readiness Coordinating Office commending California on improvements made in the program.

HRSA Grant Activities

The HRSA grant provides \$38.8 million for bioterrorism preparedness for hospitals, clinics, emergency medical services, and poison control centers. The purpose of the funds is to assist hospitals and supporting health care systems to deliver coordinated and effective care to victims of terrorism and other public health emergencies.

Each state must spend 80 percent of the direct costs of the grant to support local activities. Each local health jurisdiction receives a base amount of \$85,000 plus an amount equal to its proportional share of the California population. Los Angeles receives \$15.6 million directly from HRSA for these purposes.

HRSA requires California to address critical benchmarks within six priority areas. Exhibit B describes the six priority areas and indicates the percentage of funding spent on each.

The Commission's 2002 and 2003 reports expressed concern with a lack of surge capacity in California. Developing surge capacity is one of the priority areas of the

HRSA grant. With these funds, CDHS has worked with local health departments, hospitals, clinics, and emergency medical services to develop countywide plans to assure surge capacity; purchased personal protective equipment, portable decontamination units, surge capacity tents, and pharmaceutical caches for hospitals; purchased personal protective equipment kits for community clinics; and developed community clinic emergency preparedness plans and templates. In addition, via the HRSA grant, CDHS is collaborating in the development of a state-based national system for the advanced registration and credentialing of health care personnel to create staffing surge capacity.

Both the CDC and HRSA grants have funded education and training for local health officials, hospital personnel, and other health care providers, including for training on California's emergency response system, weapons of mass destruction, and public health emergency response; smallpox vaccination; and chemical, biological, radiological, nuclear, and explosive agents and events. In addition to education and training, the grants help support state and local preparedness exercises that allow participants to assess their level of readiness and target areas needing improvement.

Tracking of Public Health Resources

In its 2003 report, the Commission expressed concern that public health resources were not adequately managed and tracked.

Twice a year, CDHS requires an expenditure report from local health departments for the CDC funds. CDHS has established and staffed a new section to provide technical assistance to and monitoring of local health departments. CDHS and local health department leadership are working together to assure all grant funds are expended and local health departments submit monthly fiscal reports on their projected expenditures.

For the HRSA funds, which are dispersed to numerous entities such as hospitals, clinics and EMS systems within each county, the fiscal agent for each county (in most cases, the local health department) is required to invoice all expenditures by critical benchmark. Thus, a mechanism is in place to track the expenditure of all funds.

Infectious Disease Laboratory Capacity

The Commission's 2002 and 2003 reports raised the issue of laboratory capacity.

California has a well-developed public health laboratory infrastructure. CDC and the Commission have recognized CDHS' Richmond laboratory as a first rate, state-of-the-art facility. Thirty-seven local public health laboratories support the state reference laboratories with laboratory diagnostic excellence. California has 2 level C, 13 level B, and 22 level A laboratories that are all part of the federal laboratory reference network. The public health laboratory network is supported by the largest and most sophisticated group of private commercial laboratories in the country. Even with this infrastructure, improvements in personnel and equipment will improve California's laboratory preparedness.

From FY 1994-95 to FY 2004-05, the number of State Budget Act authorized positions (not including contract staff) for CDHS' infectious disease laboratories (Microbial Disease Laboratory [MDL] and Viral and Rickettsial Disease Laboratory [VRDL]) declined 7.6 percent, from 105.5 to 97.5.

Today, staffing for these two laboratories from all funding sources totals 159. As of April 2005, MDL had 55 State Budget authorized positions, 4 federal special project positions, and 8.5 contract staff. As of April 2005, VRDL had 40.5 State Budget authorized positions, 1 federal special project position, and 50 contract positions.

Like every other employer in both the public and private sectors, CDHS faces challenges presented by the retirement of skilled, experienced staff. Approximately 55 percent of the professional scientific staff in the classifications that include most laboratory professionals in MDL and VRDL is currently eligible to retire. This compares with approximately 51 percent of CDHS' overall staff in "scientific" classifications and approximately 40 percent of the overall state government workforce currently eligible to retire. CDHS agrees that training, hiring, and retaining laboratorians in the public health system is a key priority now and in the future and is in the process of identifying strategies and potential resources to address this issue.

Funding for the infectious disease laboratories has increased over the past ten years. Improvements in laboratory capacity include:

- Funding and technical support to establish 15 regional public health reference laboratories to confirm the presence or absence of bioterrorism agents.
- Funding for an additional 22 local public health laboratories to enhance laboratory capacity to identify infectious agents.
- Training first responders, laboratory staff, and others to recognize potential bioterrorism agents and handle them appropriately.
- Funding new equipment and tests throughout the state to detect the presence of bioterrorism agents.
- Establishing a state-of-the-art chemistry laboratory to test for bioterrorism agents and other toxic chemicals in human samples.
- Developing procedures for complex testing in human body fluids to measure breakdown products of chemicals including nerve agents (like sarin), cyanide, sulfur mustard, ricin by-products, and toxic metals.
- Developing electronic laboratory disease reporting capability between local public health laboratories and CDHS

Infection Control Activities

The Commission's 2003 report raised concerns about infection control activities in hospitals and other health care facilities.

State and federal regulations require hospitals to provide a sanitary environment to avoid transmission of infections. Additionally, regulations require hospitals to develop

systems for preventing, identifying, reporting, investigating, and controlling disease outbreaks. CDHS reviews infection control practices in hospitals during routine inspections, and also when disease outbreaks are reported by the hospitals, the local health department, a patient, or other source. If CDHS finds the hospital out of compliance with infection control regulations, it cites the hospital and requires an acceptable plan of correction. If the non-compliance is severe, the hospital may fail to meet a "Condition of Participation" and lose its ability to receive reimbursement from Medi-Cal and Medicare.

CDHS provides ongoing infection control consultation to local health departments and healthcare facilities and participates in annual statewide educational conference for infection control practitioners. In addition, CDHS has issued numerous guidelines to hospitals and long-term care facilities regarding infection control. Examples include:

- Prevention and Control of Antibiotic Resistant Microorganisms in California Long-term Care Facilities
- Prevention and Control of Scabies in California Long-term Care Facilities
- Management of Scabies Outbreaks in California Healthcare Facilities
- Prevention and Control of Gastroenteritis Outbreaks in California Long-term Care Facilities
- Investigation of Acute Viral Gastroenteritis (Norovirus) Outbreaks in Residential Care Facilities
- Prevention and Control of Tuberculosis in California Long-term Care Facilities (revised 2005)
- Prevention and Control of Influenza in California Long-term Care Facilities (annual publication)
- West Nile Virus – Infection Prevention and Control Recommendations in California Long-term Care Facilities
- SAR Surveillance and Response Planning Guide for California Healthcare Facilities
- Severe Acute respiratory Syndrome (SARS) Infection Control Recommendations
- Bioterrorism Hospital Response Planning Guide

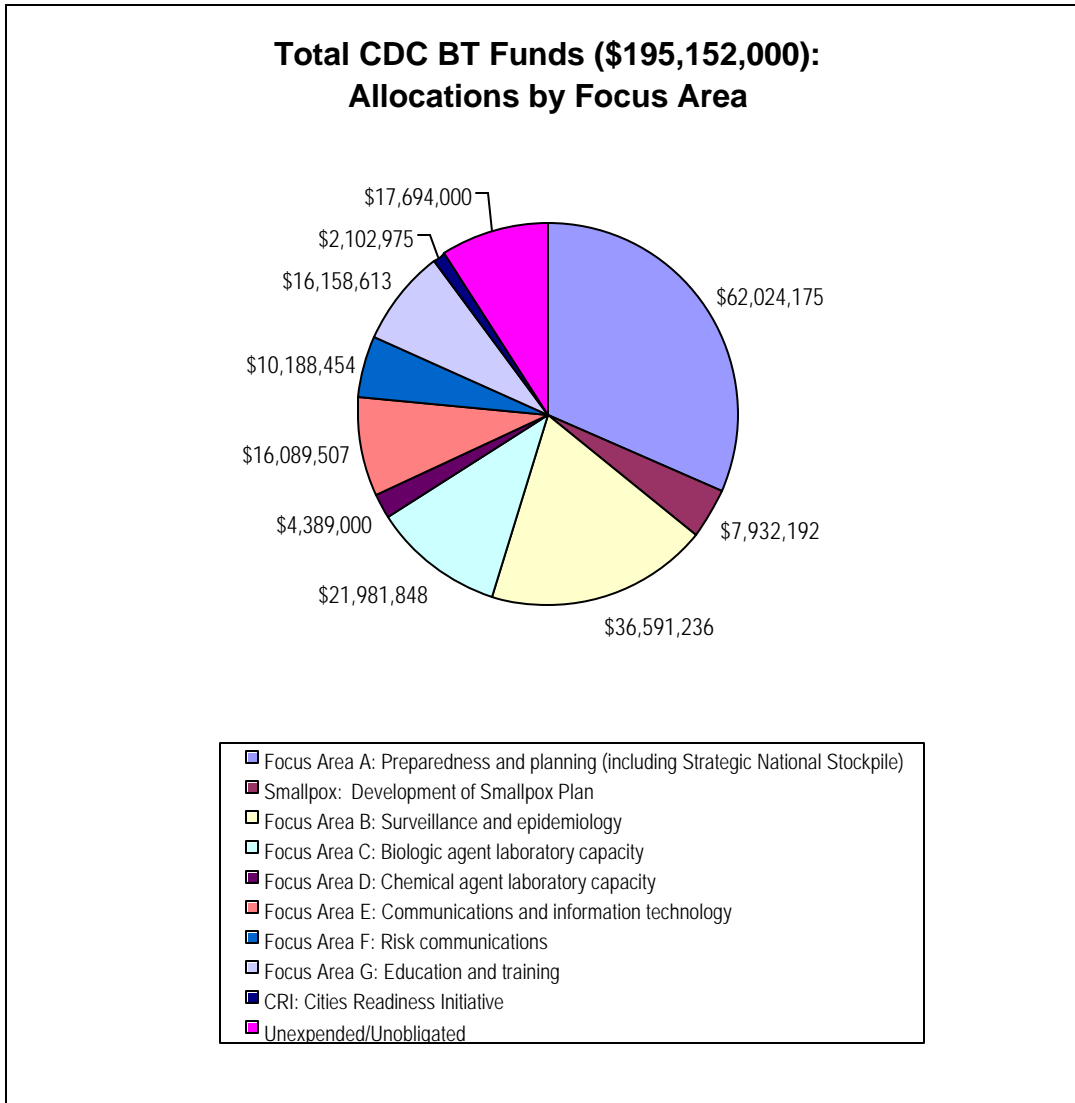
CDHS recognizes the importance of reducing hospital infection rates and is currently considering how best to collaborate with facilities and local health departments to address the issue. As noted above, infection control is primarily the responsibility of the facilities, with CDHS review during licensing inspections or outbreak investigations. Few state health departments take an active role in addressing hospital infections. CDC's Healthcare Infection Control and Prevention Advisory Committee recently concluded there is a lack of data to evaluate whether public reporting of hospital infections reduces infection rates. While CDHS explores what if any additional role it should play in this area, it is premature to attempt to estimate the number and types of staff needed to implement a state oversight program.

Conclusion

Although we have faced challenges, CDHS has made significant progress in preparedness to respond to bioterrorism and other public health events. California is better prepared today than ever before. CDHS will continue to place a high priority on public health and emergency preparedness. We look forward to working with our partners at the state, federal, and local level to continuously improve our performance in this area.

Thank you.

Exhibit A **Centers for Disease Control and Prevention:** **Bioterrorism Cooperative Agreement:** **August 31, 1999 to August 30, 2005**

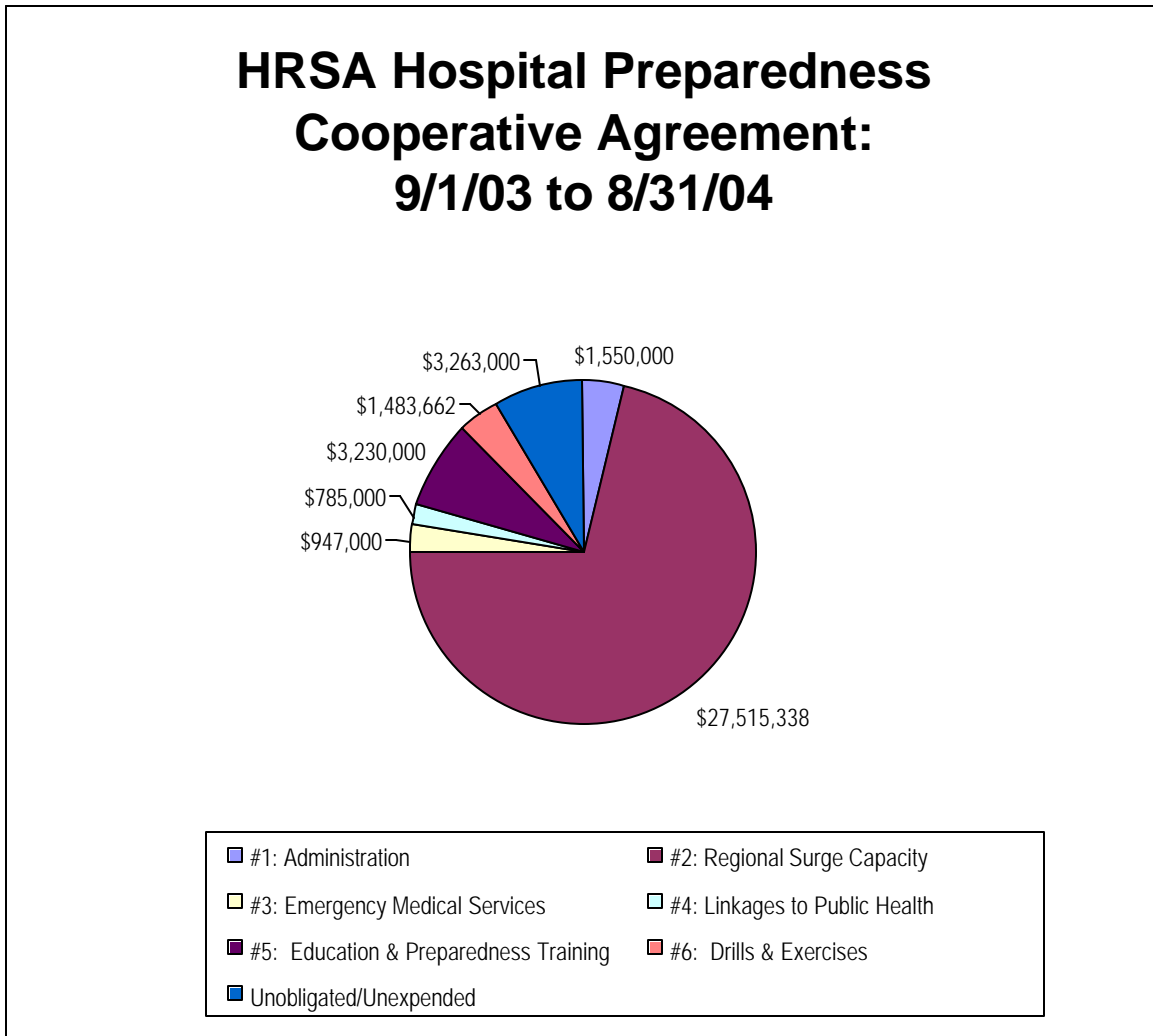


Notes:

Expenditures and obligations are reported as of December 31, 2004.

Unexpended/Unobligated Funds (\$17,694,000): Items included in this total are: \$12.292 million in monthly expenditures (personnel and OE&E) for last 8 months of grant period; \$2 million for restructuring the CDHS Emergency Operations Center (EOC); and \$3.402 million in carryover funds which will be redistributed to Local Health Jurisdictions upon approval of the carryover request by CDC. In federal grant year 2003 CDHS did not make CDC funds available to local health departments until the last month of the grant year. In federal grant year 2004, the first payment has already been made and CDHS is issuing subsequent payments on schedule.

Exhibit B
Health Resource Services Administration
Hospital Preparedness Cooperative Agreement:
Summary Allocations for September 1, 2003 to August 31, 2004*



Expenditures and obligations are reported as of December 31, 2004.

Unobligated/Unexpended funds include: \$1.6 million in state contracts and \$1,860,043 in unexpended/unobligated local assistance funds.

* Grant period has been extended through August 30, 2005 with a no cost extension granted from HRSA.



Exhibit C

Centers for Disease Control
and Prevention (CDC)
Atlanta GA 30333

February 14, 2005

Dr. Richard J. Jackson, MD, MPH
State Public Health Officer
P.O. Box 997413
Sacramento, California 95899-7413

Dear Dr. Jackson:

We've just finished processing our November 2004 Cooperative Agreement Progress Reports. I want to commend you and your staff on the improvements you've made to your program since CDC's May 2004 site visit. You should be especially proud of your public health laboratory, both the biologic and chemical laboratories. Your laboratory staff is first rate and you continue to be a model for other states to follow.

CDC's biggest area of concern in California, and what we feel contributed to lack of progress, was the number of key vacant positions. You have been able to hire staff into these key positions, including staff to oversee the activities you fund in county health departments. This will help assure local health agencies can respond to public health threats. We recognize that many of our previous concerns are being addressed by filling of vacant positions. California was just one of many states facing staffing challenges and you have done a great job of attracting qualified staff.

CDC is confident that you have appropriate fiscal controls in place. We are also pleased with the steps you have taken to develop your Emergency Operations Center. CDC will continue to provide technical assistance to you to complete this project.

Training has been provided to Health Alert Network coordinators in all of your counties. This should greatly enhance your ability to have a complete 24/7 response and notification system. We are also pleased that you now have redundant communication systems in place for your staff.

CDC will continue to work with you and provide any technical assistance you should require. Again I think you have made incredible progress since last May.

Sincerely,

Alison B. Johnson
Director, Division of State and Local Readiness
Coordinating Office for Terrorism Preparedness and Emergency Response

Brief Biography
Richard J. Jackson, MD, MPH
California Department of Health Services State Public Health Officer

Dr. Richard J. Jackson, a native of Newark, New Jersey, is a graduate of the University of California School of Medicine at San Francisco, where he began his residency as a pediatrician. During his residency he took time off for a two-year stint with the federal Centers for Disease Control and Prevention (CDC) as an officer in the Epidemic Intelligence Service (EIS). After his term as an EIS officer, Dr. Jackson obtained a Master of Public Health degree from the University of California at Berkeley and then began work as a public health medical officer with the California Department of Health Services (CDHS).

Selected to be director of the CDC's National Center for Environmental Health in 1994, Dr. Jackson worked tirelessly to study and address issues such as cancer, asthma, radiation effects, pesticide exposure, and toxicology, especially lead poisoning in children.

President George W. Bush named Dr. Jackson as a recipient of the 2004 Presidential Rank Awards. The president recognized Dr. Jackson with the rank of "Distinguished Executive" for his "outstanding leadership, accomplishments and service over an extended period of time" while he worked for the CDC.

In recent years, Dr. Jackson has become convinced that a critically important and under-appreciated environmental health issue is that of the "built environment." To help educate people about the role of the built environment in health, Dr. Jackson collaborated with other professionals to create an important new Web site, Designing and Building Healthy Places, at <http://www.cdc.gov/healthyplaces>. In August 2003, CDC Director Dr. Julie Gerberding asked Dr. Jackson to serve as the CDC Director's Senior Advisor and to be the co-lead on CDC's Strategic Planning process areas related to Health Systems.

In March 2004, Governor Arnold Schwarzenegger appointed Dr. Jackson to the CDHS as State Public Health Officer. His responsibilities include direct leadership and oversight of the department's public health related activities. His major priorities are emergency preparedness, especially as it relates to terrorism, reversing the obesity epidemic in California and revitalizing the state's public health workforce.